



# Mercy Corps Simple Supplier Information Form (Direct/Micro Purchases)

Please complete all fields. (**Bold Red Fields** required by ProSource)

## Supplier Information

<b>Supplier Name</b>	<b>Name</b>
<b>Address</b>	<b>City, Country, Postal Code</b>
<b>Phone/Fax Numbers</b>	Phone: _____ Fax: _____
<b>Primary Contact</b>	Name: _____ Phone Number: _____ Email Address: _____
<b>Supplier Registration</b> <i>(if applicable)</i>	

## Financial Information

<b>Bank Name and Address</b> <i>(please provide on company letterhead)</i>	
<b>Name under which company is registered at bank</b>	
<b>Default Currency</b>	
<b>Payment Method</b>	Payment By: <u>Check</u> Yes   No <u>Wire Transfer</u> Yes   No <b>Cash</b> Yes   No <i>(is this common for very small suppliers? - )</i>
<b>Specify Standard Payment Terms (Net15, 30, etc.)</b>	<b>Default to Net 1 if no preference</b>

Form submitted by (Mercy Corps Representative): \_\_\_\_\_

## When Supplier provides financial/bank account information, please fill out below:

I \_\_\_\_\_ representative of above noted supplier has completed and reviewed this form to confirm the accuracy of information provided:

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \* \_\_\_\_\_

\*Supplier to be re-authorized one year from this date.